

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 2	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

INDEPENDENT HEALTH ASSOCIATION, INC. POLITICAL ALLIANCE

Full Name (Last, First, Middle Initial)

A. *RODGERS, JOHN R.*

Mailing Address

2261 W. BLOOD RD.

City

EAST AURORA

State

NY

Zip Code

14052

FEC ID number of contributing
federal political committee.

C

Date of Receipt

08 / 16 / 2012

Amount of Each Receipt this Period

225.00

Name of Employer

INDEPENDENT HEALTH ASSN

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

GENERAL PAC USE

Aggregate Year-to-Date ▼

225.00

Full Name (Last, First, Middle Initial)

B. *MINI, JOHN*

Mailing Address

28 CANTERBURY LN

City

EAST AURORA

State

NY

Zip Code

14052

FEC ID number of contributing
federal political committee.

C

Date of Receipt

08 / 16 / 2012

Amount of Each Receipt this Period

250.00

Name of Employer

INDEPENDENT HEALTH ASSN

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

GENERAL PAC USE

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

C. *CROPP, MICHAEL W.*

Mailing Address

108 HARBIDGE MANOR

City

WILLIAMSVILLE

State

NY

Zip Code

14221

FEC ID number of contributing
federal political committee.

C

Date of Receipt

08 / 30 / 2012

Amount of Each Receipt this Period

250.00

Name of Employer

INDEPENDENT HEALTH ASSN

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

GENERAL PAC USE

Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional).....▶

725.00

TOTAL This Period (last page this line number only).....▶